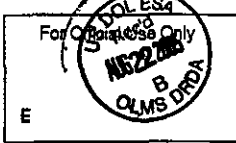


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



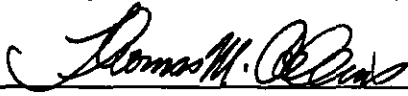
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 12449	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Thomas M Collins P O Box Bldg Room No if any Street 5831 W 126th Place City Alsip State Illinois ZIP Code + 4 60803	4 Name file number and address of labor organization Name Sprinkler Fitters Union Local 281 Labor Organization File Number 036 737 P O Box Building and Room Number if any Street 11900 S Laramie Avenue City Alsip State Illinois ZIP Code + 4 60803
5 Position in labor organization Financial Secretary/Treasurer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 08/12/2005	(708) 389 9582
	Date	Telephone Number

Name of Person Filing Thomas Collins	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name O Donoghue & O Donoghue LLP

Trade Name if any

P O Box Bldg Room No if any

Street 4748 Washington Avenue

City Washington

State District of Columbia ZIP Code + 4 20016

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Dinner meeting with legal counsel to discuss Union activities

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Dinner meeting

12 b Amount

\$138

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Mechanical Contractor Association of Chicago

Trade Name if any

P O Box Bldg Room No if any Suite 3400

Street 221 N LaSalle Street

City Chicago

State Illinois ZIP Code + 4 60601

14 a Nature of payment

I attended a Contractor Trade Association Annual Convention I attended a dinner reception held during the National Convention No other direct dealings with this Association by the Union or Reporting Officer The Local does not bargain with this Assoc

13 b Is the Business an Employer ☒ **or Consultant** ☐ ?

14 b Amount of payment

\$200

Name of Person Filing Thomas Collins

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name BlueCross BlueShield of Illinois Trade Name if any P O Box Bldg Room No if any Street 300 E Randolph Street City Chicago State Illinois ZIP Code + 4 60601 5099	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Auto Sprinkler Local 281 U A Welfare Fund Trade Name if any P O Box Bldg Room No if any Street 11900 S Laramie Avenue City Alsip State Illinois ZIP Code + 4 60803	11 a Nature of such dealing Client Golf Outing
	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received Client Golf Outing
12 b Amount \$100	

Name of Person Filing Thomas Collins	File Number U
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Part B Continuation Page

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name Sound Communications</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 38 E 32nd Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Union Radio Advertising on WBBM Radio during Chicago Bears Football Games</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of Interest held or Income received</p> <p>4 tickets to seven Chicago Bears Home Games</p> <p>12 b Amount \$1 400</p>

Name of Person Filing Thomas Collins	File Number U
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Part B Continuation Page

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name National Auto Sprinkler Ind Pension Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 8000 Corporate Drive</p> <p>City Landover</p> <p>State Maryland ZIP Code + 4 20785</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Attendance at Pension Fund Annual Meeting</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of interest held or income received</p> <p>Conference Meal 104 69</p> <p>Seminar Materials 63 17</p>
<p>12 b Amount \$168</p>	

Name of Person Filing Thomas Collins	File Number U
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Part B Continuation Page

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8 Name and address of Business (including trade name if any) Name BlueCross BlueShield of Illinois Trade Name if any P O Box Bldg Room No if any Street 300 E Randolph Street City Chicago State Illinois ZIP Code + 4 60601 5099	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Auto Sprinkler Local 281 U A Welfare Fund Trade Name if any P O Box Bldg Room No if any Street 11900 S Laramie Avenue City Alsip State Illinois ZIP Code + 4 60803	11 a Nature of such dealing Client Luncheon
	11 b Approximate dollar value of such dealing
	12 a Nature of interest held or income received Luncheon
12 b Amount \$39	

Name of Person Filing Thomas Collins	File Number U
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Part B Continuation Page

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name Auto Sprinkler Local 281 U A Welfare Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 11900 S Laramie Avenue</p> <p>City Alsip</p> <p>State Illinois ZIP Code + 4 60803</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Auto Sprinkler Local 281 U A Welfare Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 11900 S Laramie Avenue</p> <p>City Alsip</p> <p>State Illinois ZIP Code + 4 60803</p>	<p>11 a Nature of such dealing</p> <p>Attended an Employee Benefits Conference which is part of continuing education required for Taft Hartley Trustees</p>
	<p>11 b Approximate dollar value of such dealing</p>
	<p>12 a Nature of interest held or income received</p> <p>Expenses related to conference attendance</p>
<p>12 b Amount \$1 323</p>	